

December 11, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-0309-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in neurology. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 58 year-old male who sustained a work related injury on ___. The patient works on a turkey farm and was lifting something heavy when he developed severe pain across the lumbar area extending into the left sclatic region. The patient had an MRI on 7/1/02. The diagnoses for this patient are possible disc extrusion L4-L5 and L5-S1 and severe radicular syndrome left lower extremity. He has been treated with physical therapy and medications.

Requested Services

Purchase of BMR NT2000 Neuromuscular Electrical Stimulator

Decision

The Carrier's denial of authorization and coverage for the requested services is upheld.

Rationale/Basis for Decision

___ physician reviewer noted that a review of the medical records provided indicated the patient sustained a work related injury to his back on ___. ___ physician reviewer explained that exam of the patient shows positive straight leg raising, weakness dorsi-flexing, and lateral leg sensory loss. ___ physician reviewer indicated the patient was treated with conservative measures such as physical therapy, medications, and neuromuscular electrical stimulator. ___ physician reviewer further explained that the documentation provided showed no great improvement with conservative treatment, including neuromuscular electrical stimulator. ___ physician reviewer further explained that the patient suffers from significant persistent radiculopathy but that

treatment rendered has not led to any great improvement. Therefore ____ physician consultant has concluded that treatment of the patient's condition with a neuromuscular electrical stimulator is not medically necessary.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,